



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
**February 1 to County Superintendent**  
**February 15 to State Superintendent**

**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
49 Sweet Grass		0882 Sweet Grass County H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	CO	1	91.4	1.36	65	08/18/05	_____	_____
100	CO	2	52	1.57	72	08/18/05	_____	_____
100	CO	3	130.4	1.57	72	08/25/05	_____	_____
100	CO	4	98.4	1.36	66	08/18/05	_____	_____
100	CO	5	85.6	1.36	66	08/18/05	_____	_____
100	CO	6	68	0.95	48	08/18/05	_____	_____
100	CO	7	62	1.57	72	08/18/05	_____	_____